

Plan of Correction

Program Name: Native American Advocacy Program	Date Submitted: 03/23/2018	Date Due: 04/23/2018
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Administrative POC-1	
Rule #: 67:61:04:01	Rule Statement: Policies and procedures manual. Each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.
Area of Noncompliance: Agency was missing new policies and procedures that came into effect Dec. 2016 and needs to update their policies and procedures manual.	
Corrective Action (policy/procedure, training, environmental changes, etc): NAAP/LYD requests a 6 month extension to complete a thorough review of all policies and procedures to ensure compliance with State administrative rules that came into effect Dec. 2016 or any thereafter.	Anticipated Date Achieved/Implemented: Date 8/23/2018
Supporting Evidence: Policy review committee will be assigned at next Board of Directors meetings that will include Executive Director and 2 board members or their designees	Person Responsible: Executive Director, Board of Directors
How Maintained:	Board Notified: <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ Y <input type="checkbox"/> N <input type="checkbox"/> </div> <div style="text-align: center;">n/a <input type="checkbox"/></div>

Administrative POC-2	
Rule #: 67:61:05:05	Rule Statement: Orientation of personnel. The agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items: <ol style="list-style-type: none"> (1) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy; (2) The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Parts 160 and 164 (April 17, 2003); (3) The proper maintenance and handling of client case records; (4) The agency's philosophical approach to treatment and the agency's goals; (5) The procedures to follow in the event of a medical emergency or a natural disaster; (6) The specific job descriptions and responsibilities of employees; (7) The agency's policies and procedure manual maintained in accordance with § 67:61:04:01; and

(8) The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.	
Area of Noncompliance: The Agency needs to update their orientation to include all required items.	
Corrective Action (policy/procedure, training, environmental changes, etc): █ Policy included in Policy and procedure waiting board approval. Employee manual updated include policy pending board approval. Once approved Exec. Director will provide updated employee manual to all staff at the next regular staff meeting to review policies and provide training on implementation and compliance. This will be noted in staff meeting log and employees will sign receipt of updated manual	Anticipated Date Achieved/Implemented: Date May11,2018 board meeting, staff meeting May 14, 2018
Supporting Evidence: █ Draft Employee manual updated and draft policy created and submit to board via email for review prior to formal board meeting set for May 11, 2018	Person Responsible: Executive Director and Board of Directors
How Maintained: █ Check list will be kept in manual to be reviewed with all new personnel.	Board Notified: ✓ Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-3	
Rule #: 67:61:11:08	Rule Statement: Quality assurance and evaluation. An agency shall conduct a quality assurance review of its prevention programming to monitor, protect, and enhance the quality and appropriateness of its programming and to identify qualitative problems and recommend plans for correcting each problem. The agency shall conduct the following: <ul style="list-style-type: none"> (1) Annual satisfaction surveys of all individuals or stakeholders who requested and participated in prevention services; (2) Participant evaluations after each prevention presentation the agency provides; and (3) Pre- and post-tests for all evidence based curricula presented to individuals. <p>A summary of these reports shall be made available to the board of directors or agency staff annually, and to the division and community members upon request.</p>
Area of Noncompliance: The agency needs to complete a quality assurance review with the required items included annually as the review that was presented did not include the required items.	
Corrective Action (policy/procedure, training, environmental changes, etc): Draft policy has been incorporated into P&P manual and employee handbook and will be submitted to board of directors for approval for their May 11 th board meeting. Prior to meeting, draft policy has been emailed to Board of Directors for review. Once approved, updated handbooks will be disseminated to employees and staff meeting held on May 14th to provide training on policy changes and additions and implementation.	Anticipated Date Achieved/Implemented: Date May11,2018 board meeting, staff meeting May 14, 2018
Supporting Evidence: █ Draft policy revision and draft updated handbook	Person Responsible: Executive Director and Board of Directors
How Maintained: █ Board will designate committee to review annually in addition to Exec. Director	Board Notified: ✓ Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-4

Rule #: 67:61: 05:01	Rule Statement: Tuberculin screening requirements. Tuberculin screening requirements for employees are as follows: <ol style="list-style-type: none"> (1) Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12 month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test; (2) A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease; (3) Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of <i>Myobacterium tuberculosis</i>. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and (4) Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.
Area of Noncompliance: The agency was missing documentation of each required TB skin test in all of the personal records reviewed.	
Corrective Action (policy/procedure, training, environmental changes, etc): Draft policy has been incorporated into P&P manual and employee handbook and will be submitted to board of directors for approval for their May 11 th board meeting. Prior to meeting, draft policy has been emailed to Board of Directors for review. Once approved, updated handbooks will be disseminated to employees and staff meeting held on May 14th to provide training on policy changes and additions and implementation. 	Anticipated Date Achieved/Implemented: Date May11,2018 board meeting, staff meeting May 14, 2018
Supporting Evidence: Draft policy revision and draft updated handbook	Person Responsible: Executive Director and Board of Directors
How Maintained: Board will designate committee to review annually in addition to Exec. Director	Board Notified: <div style="text-align: right;"> ✓ Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> </div>

Administrative POC-5

Rule #: 67:61:11:06	Rule Statement: Staff knowledge of resources. The staff of each prevention program shall be able to demonstrate knowledge of regional alcohol, drug, mental health promotion, suicide prevention, and recovery support programs available for prevention or treatment services. An agency shall document that: <ul style="list-style-type: none"> (1) It maintains a current database of information and referral resources on alcohol, tobacco, and other drugs, substance abuse services, and prevention and treatment resources; (2) The information is either posted or publicly distributed; and (3) The agency staff has reviewed the information. 	
Area of Noncompliance: The agency did not have a current database of resources available for clients.		
Corrective Action (policy/procedure, training, environmental changes, etc): [REDACTED] Draft policy has been incorporated into P&P manual and employee handbook and will be submitted to board of directors for approval for their May 11 th board meeting. Prior to meeting, draft policy has been emailed to Board of Directors for review. Once approved, updated handbooks will be disseminated to employees and staff meeting held on May 14th to provide training on policy changes and additions and implementation. [REDACTED]		Anticipated Date Achieved/Implemented: Date May 11, 2018 board meeting, staff meeting May 14, 2018
Supporting Evidence: [REDACTED] Draft policy revision and draft updated handbook		Person Responsible: Executive Director and Board of Directors
How Maintained: [REDACTED] Board will designate committee to review annually in addition to Exec. Director		Board Notified: <div style="text-align: right;"> ✓ Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> </div>

Program Director Signature: [REDACTED]	Date: April 17, 2018 [REDACTED]
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Send Plan of Correction to:

Accreditation Program
 Department of Social Services
 Division of Behavioral Health
 811 E. 10th Street, Dept. 9
 Sioux Falls, SD 57103
 DSSBHAccred@state.sd.us